

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	2-15-01
FORMALITY REVIEW	PT	529	02/20
RESPONSE FORMALITY REVIEW	WA	571	05/02/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7/8/05
2	✓	✓	7/8/05
3	✓	✓	7/8/05
4	✓	✓	7/8/05
5	✓	✓	7/8/05
6	✓	✓	7/8/05
7	✓	✓	7/8/05
8	✓	✓	7/8/05
9	✓	✓	7/8/05
10	✓	✓	7/8/05
11	✓	✓	7/8/05
12	✓	✓	7/8/05
13	✓	✓	7/8/05
14	✓	✓	7/8/05
15	✓	✓	7/8/05
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17	✓	✓	7/8/05
18	✓	✓	7/8/05
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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